



**CONFIDENTIAL APPLICATION
HARDSHIP FUND
(EMPLOYEE)**

In order to apply for the Hardship Fund you will need to:

- Interview with an EAP Coordinator
- Complete the Hardship Fund Application below and attach the following documents:
 - 2 Current pay stubs
 - Current bills
 - Documentation of the event that lead to the hardship
 - Completed W-9 form for the **company you want to be paid**
 - Completed W-9 form with **your own** information

Date of Application: ___/___/___

Date of Interview: ___/___/___

Name of Interviewer: _____

Have you applied previously? Yes ___ No ___ If, Yes, when: ___/___/___

PERSONAL INFORMATION

Employee Name: _____ Address: _____ _____ _____ City/State: _____ Zip Code: _____	Identification: SBU ID #: _____ S.S. #: _____ Work Location: West Campus__ Hosp.____ HSC ___ LISVH ___ South Campus ___ Tech Park ___	Bargaining Unit: Council 82 _____ CSEA _____ FSA _____ GSEU _____ M/C _____ NYS Agency _____ NYSCOB _____ PEF _____ Retiree _____ RF-Faculty _____ RF-Professional/Support _____ UUP-Faculty _____ UUP-Professional _____ N/A _____ Other _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____	Department: _____ Employer: STATE___ RF___ FSA___	Date of Hire: _____ Months/Years of Service: _____



HARDSHIP FUND APPLICATION

INCOME AND EXPENSE WORKSHEET

Please complete to the best of your ability and provide supporting documentation.

INCOME (monthly)	EXPENSES (monthly)
Net Salary/Wages (Monthly) <ul style="list-style-type: none"> • Employee \$ _____ • Spouse \$ _____ • Other(s) Relationship _____ \$ _____ 	Household: Rent/Mortgage/Condo Fee \$ _____ Property Tax \$ _____
Child Support \$ _____ Alimony \$ _____	Utilities: <ul style="list-style-type: none"> • Electricity \$ _____ • Gas \$ _____ • Water/Sewer \$ _____ • Telephone \$ _____ (Land and cell) • Cable/Internet \$ _____
Social Security \$ _____	Food/ Clothing \$ _____
Pension/Retirement \$ _____ Reimbursements \$ _____	<u>Transportation</u> <ul style="list-style-type: none"> • Car Payment \$ _____ • Gas \$ _____ • Repairs/Services \$ _____ • Public Transport \$ _____
Interests/Dividends \$ _____	<u>Debt Payments</u> <ul style="list-style-type: none"> • Credit Cards \$ _____ • Loans \$ _____
Food Stamps \$ _____ Disability \$ _____	<u>Savings and Investments</u> <ul style="list-style-type: none"> • 401K / IRA \$ _____ • Savings \$ _____ • Emergency Fund \$ _____ <u>Insurance</u> <ul style="list-style-type: none"> • Car \$ _____ • Homeowner \$ _____ • Renters \$ _____
TOTAL INCOME \$ _____	TOTAL EXPENSES \$ _____

1- a) TOTAL Amount of income: \$ _____

b) Your sources of income: Check *all* those that apply:

- Salary/Pension
- Spouse/Partner Income
- Income of adult children/other household members
- Child Support
- Alimony
- Social Security
- DSS: Food Stamps/WIC
- Disability

2- Have you taken any steps to resolve the problem?

Circle: Yes or No

If "Yes" – Explain *how* below & answer Question #5

3- Check all the resources you have used to try to resolve the problem, if any:

- Assistance from friends/relatives
- Payment plan
- Assistance from house of worship
- DSS
- Food bank/food pantry/thrift shops
- Loan/mortgage modification
- Payment plan
- Borrowing against equity, i.e. retirement/home
- Community resources

4- Please check/explain any other extenuating circumstance(s) that apply to you:

- Domestic violence
- Divorce/separation
- Medical/Psychiatric crisis
- Death of spouse/partner
-

5- Is income adequate to meet ongoing financial commitments? If not, what changes can be made?

- *Provide current documentation of expenses and income listed on your budget form.*
- *Documentation of the current hardship.*

Please check the documents you are attaching:

- ___ 2 **current** pay stubs with documentation of regular pay rate
- ___ Documentation of additional income sources (specify): _____

Household:

- ___ Verification of rent (i.e., letter from landlord, current lease)
- ___ Mortgage statement
- ___ Property tax statement
- ___ Condo/Co-op fees
- ___ Gas bill
- ___ Heating oil bill
- ___ Electric bill
- ___ Water/sewer bill
- ___ Telephone bill (cell phone/landline)
- ___ Cable/Internet bill
- ___ Homeowner/renter's insurance
- ___ _____

Transportation:

- ___ Car statement (indicating monthly payment)
- ___ Insurance statement
- ___ Other _____

Child Care:

- ___ Childcare bill or statement from provider

Name other expenses:

Expenses related to current hardship:

- ___ W-9 completed by *payee*
- ___ W-9 completed by *yourself*
- ___ Other (specify): _____

1. I certify that the information hereon is complete and accurate.
2. I will apply all monies received from the Stony Brook University Hardship Fund toward the listed obligations.
3. I will contribute to the Hardship Fund, all or a portion of the above amount when I am able.
4. I understand that monies may be considered as income and may be taxable. Please consult with your accountant for tax liability.
5. If my application is approved, I give permission to SBF to contact the payee, if necessary.
6. I give EAP consent to disclose personal information to the Hardship Fund Committee.

Because the check is issued by the Stony Brook Foundation, it is impossible to make the entire process totally confidential. However, every effort will be made to preserve an individual's confidentiality.

APPLICANT SIGNATURE: _____ **DATE:** _____